

Issue Paper Number 02-005



BOARD OF EQUALIZATION
KEY AGENCY ISSUE

- ☐ Board Meeting
- ☐ Business Taxes Committee
- ☐ Customer Services and
Administrative Efficiency
Committee
- ☐ Legislative Committee
- ☒ Property Tax Committee
- ☐ Other

APPLICATION FOR CHANGED ASSESSMENT

I. Issue

What form should the Board prescribe in accordance with section 15606 of the Government Code and section 1603 of the Revenue and Taxation Code for use in requesting a reduction in assessed value on the local roll?

II. Staff Recommendation

Staff recommends that the attached draft form BOE-305-AH, *Application for Changed Assessment*, be approved.

III. Other Alternative(s) Considered

None

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IV. Background

Section 1603, subdivision (a), of the Revenue and Taxation Code provides that:

A reduction in an assessment on the local roll shall not be made unless the party affected or his or her agent makes and files with the county board a verified, written application showing the facts claimed to require the reduction and the applicant's opinion of the full value of the property. The form for the application shall be prescribed by the State Board of Equalization.

Recent statutory and regulatory amendments necessitate changes to the existing Board-prescribed *Application for Changed Assessment (Application)* form. In addition, staff is recommending several changes to help streamline the appeals process. These changes include:

- Addition of a box, and accompanying instructions, that will allow the applicant to designate the *Application* as a claim for refund.
- Modification of the Personal Property/Fixtures box whereby the applicant may indicate whether all personal property and fixtures are being appealed, or whether only a portion of the personal property and fixtures is being appealed.
- Clarification that the date of a value notice or tax bill, for assessment appeal purposes, is the date of mailing printed on the notice or tax bill, or the postmark date, whichever is later.
- Revision of the regular assessment appeals filing period from September 15 to November 30 under specified circumstances.
- Revision of the assessment appeals filing period from 14 days to 6 months for property that has sustained a misfortune or calamity.

To ensure that the revision process was comprehensive, staff contacted interested parties for input and suggested changes that would make the *Application* more useful and understandable. The staff sought input from the California Association of Clerks and Election Officials, the California Assessors' Association, County Counsels' Association of California, and representatives of industry.

V. Staff Recommendation

A. Description of the Staff Recommendation

The attached form BOE-305-AH, *Application for Changed Assessment*, was drafted by Board staff for use by counties in providing taxpayers a means of filing an application for a formal assessment appeal hearing before local boards of equalization or local assessment appeals boards.

After receiving comments and requests to make changes to the prior version of the *Application* (adopted by the Board in March 2000), staff held a meeting on January 18, 2002 with interested parties to discuss the language and layout of the proposed revised *Application*. The attached draft of the *Application* represents consensus by interested parties on all issues.

B. Pros of the Staff Recommendation

The proposed *Application* represents the efforts of property tax practitioners, clerks of the board, county assessors, and county counsels. This revision process involved an endeavor to include all interested parties. The proposed *Application* incorporates staff's position, interested parties' concerns, and recent statutory and regulatory changes.

Adoption of the proposed *Application* will promote uniformity within the assessment appeals process throughout California and will comply with the Board's mandated requirements in section 1603 of the Revenue and Taxation Code.

C. Cons of the Staff Recommendation

This *Application* is one of the most widely used Board-prescribed forms. It is currently used for all property types. As such, it is difficult to anticipate and provide for every assessment appeal circumstance on a one-page form. It may be necessary in future revisions to develop either a two-sided *Application* or create multiple *Applications* to accommodate different property types.

D. Statutory or Regulatory Change

None

E. Administrative Impact

None

F. Fiscal Impact

1. Cost Impact

No additional cost

2. Revenue Impact

Not applicable

G. Taxpayer/Customer Impact

Adoption of a Board-prescribed *Application* ensures that taxpayers are required to provide the same information from county to county. Revisions to this *Application* will require reprinting of forms at the county level.

H. Critical Time Frames

The normal assessment appeals filing period begins on July 2 annually. In order for the *Application* to be used beginning in July 2002, the Board should adopt an *Application* at its March 2002 meeting, thereby allowing counties time to add county-specific language, obtain approval from the Board for any added language, and have the *Application* printed.

VI. Alternative 1

A. Description of the Alternative

Not applicable

Prepared by: Property Taxes Department; Policy, Planning, and Standards Division.
Legal Division; Property Taxes Section

Current as of: February 26, 2002

APPLICATION FOR CHANGED ASSESSMENT

This form contains all the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information the appeals board considers necessary may result in the continuance of the hearing.

PLEASE TYPE OR PRINT IN INK—SEE INSTRUCTIONS FOR FURTHER INFORMATION**1. APPLICANT'S NAME** (last, first, middle initial)

STREET ADDRESS/P.O. BOX NUMBER (MUST be applicant's mailing address)

CITY		STATE	ZIP CODE
DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()	
E-MAIL ADDRESS			

2. AGENT OR ATTORNEY FOR APPLICANT

PERSON TO CONTACT (if other than above) (last, first, middle initial)

STREET ADDRESS/P.O. BOX NUMBER

CITY		STATE	ZIP CODE
DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()	
E-MAIL ADDRESS			

AGENT'S AUTHORIZATION

If the applicant is a corporation, the agent's authorization must be signed by an officer or authorized employee of the business entity. If the agent is not an attorney licensed in California or a spouse, child, or parent of the person affected, the following must be completed (or attached to this application—see instructions).

PRINT NAME OF AGENT AND AGENCY

is hereby authorized to act as my agent in this application and may inspect assessor's records, enter into stipulations, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT/OFFICER/AUTHORIZED EMPLOYEE

TITLE DATE

6. THE FACTS THAT I RELY UPON TO SUPPORT REQUESTED CHANGES IN VALUE ARE AS FOLLOWS: You may check all that apply. If you are uncertain of which item to check, please check "I. OTHER" and attach two copies of a brief explanation of your reason(s) for filing this application. PLEASE SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION.

- ☐ **A. Decline in Value:** The assessor's roll value exceeds the market value as of January 1 of the current year.
- ☐ **B. Change in Ownership:**
- ☐ 1. No change in ownership or other reassessable event occurred on the date of _____.
- ☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.
- ☐ **C. New Construction:**
- ☐ 1. No new construction or other reassessable event occurred on the date of _____.
- ☐ 2. Base year value for the new construction established on the date of _____ is incorrect.
- ☐ **D. Calamity Reassessment:** Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

3. PROPERTY IDENTIFICATION INFORMATION

SECURED: ASSESSOR'S PARCEL NUMBER

UNSECURED: ACCOUNT/TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

PROPERTY TYPE:

- ☐ Single-Family Residence/Condo/Townhouse
- ☐ Apartments (Number of Units _____)
- ☐ Commercial/Industrial ☐ Vacant Land
- ☐ Agricultural ☐ Other _____
- ☐ Business Personal Property/Fixtures

Is this property an owner-occupied single-family dwelling?

☐ Yes ☐ No**4. VALUE**

	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND			
MINERAL RIGHTS			
IMPROVEMENTS/STRUCTURES			
TREES & VINES			
FIXTURES			
PERSONAL PROPERTY			
TOTAL			
PENALTIES			

5. TYPE OF ASSESSMENT BEING APPEALED (check one)**IMPORTANT — SEE INSTRUCTIONS FOR FILING PERIODS**

- ☐ Regular Assessment — Value as of January 1 of the current year
- ☐ Supplemental Assessment **ROLL YEAR** _____
- Attach _____ copies of Notice or Tax Bill
- Date of Notice or Tax Bill _____
- ☐ Roll Change/Escapes Assessment/Calamity Reassessment **ROLL YEAR** _____
- Attach _____ copies of Notice or Tax Bill
- Date of Notice or Tax Bill _____

7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____) ☐ Are requested ☐ Are not requested

8. ☐ Yes ☐ No Do you want to designate this application as a claim for refund? Please refer to instructions first.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of the taxes on that property—"The Applicant"), (2) an agent authorized by the applicant under Item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar No. _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE 	SIGNED AT	DATE
NAME AND TITLE (please type or print)		

☐ Owner ☐ Agent ☐ Attorney ☐ Spouse ☐ Child ☐ Parent ☐ Person Affected

INFORMATION AND INSTRUCTIONS FOR APPLICATION FOR CHANGED ASSESSMENT

The State Board of Equalization has prepared a pamphlet to assist you in completing this application. You may download a copy of Publication 30, *Residential Property Assessment Appeals*, at www.boe.ca.gov or contact the clerk of your local board for a copy.

Filing this application for reduced assessment does not relieve the applicant from the obligation to pay the taxes on the subject property on or before the applicable due date shown on the tax bill. If a reduction is granted, a proportionate refund of taxes paid will be made by the county.

Based on the evidence, the appeals board can increase as well as decrease an assessment. The decision of the appeals board upon this application is final; the appeals board may not reconsider or rehear any application. However, either the applicant or the assessor may bring timely action in superior court for review of an adverse action.

An application may be amended until 5:00 p.m. on the last day upon which the application might have been timely filed. After the filing period, an invalid or incomplete application may be corrected at the request of the clerk or amendments may be made at the discretion of the board. Contact the clerk for information regarding correcting or amending an application.

The appeals board can hear matters concerning an assessor's allocation of exempt values. However, it cannot hear matters relating to a person's or organization's eligibility for a property tax exemption. Appeals regarding the denial of the Welfare Exemption should be referred to the State Board of Equalization, Policy, Planning, and Standards Division, MIC:64, P.O. Box 942879, Sacramento, CA 94279-0064. Appeals regarding the denial of any other type of exemption are under the jurisdiction of the assessor and/or the courts.

The following numbered instructions apply to the corresponding numbers on the application form. **Please type or print in ink all information on the application form.**

Box 1. Enter the name and mailing address of the applicant. If the applicant is other than the assessee (e.g., leased property), attach an explanation. NOTE: An agent's address may not be substituted for that of the applicant.

Box 2. Provide the name and mailing address of the agent or attorney, if applicable. If the agent is not a California-licensed attorney, you must also complete the agent's authorization section, or an agent's authorization may be attached to this application. An attached authorization must contain all of the following information.

- The date the authorization is executed.
- A statement that the agent is authorized to sign and file applications in the calendar year of the application.
- The specific parcel(s) or assessment(s) covered by the authorization, or a statement that the agent is authorized to represent the applicant on all parcels and assessments located within the county that the application is being filed.
- The name, address, and telephone number of the agent.
- The applicant's signature and title.
- A statement that the agent will provide the applicant with a copy of the application.

Box 3. If this application is for an assessment on secured property, enter the Assessor's Parcel Number from your assessment notice or from your tax bill. If the property is unsecured (e.g., an aircraft or boat), enter the account/tax bill number from your tax bill. Enter a brief description of the property location, such as street address, city, and zip code, sufficient to identify the property and assessment being appealed.

For a single-family dwelling, indicate if the dwelling is owner-occupied.

Box 4. Column A: Enter the figures shown on your assessment notice or tax bill for the year being appealed. If you are appealing a current year assessment (base year or decline in value) and have not received an assessment notice, or are unsure of the values to enter in this section, please contact the assessor's office. If you are appealing a calamity reassessment or an assessment related to a change in ownership, new construction, roll change, or escape assessment, refer to the reassessment notice you received.

Column B: Enter your opinion of value for each of the applicable categories. **If you do not state an opinion of value, it will result in the rejection of your application.**

Column C: This column is for use by the appeals board. **Do not enter any figures in this column.**

Box 5. CHECK ONLY ONE ITEM PER APPLICATION. Check the item that best describes the assessment that you are appealing.

Regular Assessment filing dates are July 2 through September 15 if you received a notice of assessed value for your real property on the secured roll from the county assessor by August 1. If you did not receive a notice of assessed value by August 1, you may file regular assessment appeals for real property on the secured roll between July 2 and November 30. Check the *Regular Assessment* box for:

- Decline in value appeals
- Change in ownership and new construction appeals filed **after** 60 days of the mailing of the supplemental assessment notice or supplemental tax bill

Supplemental Assessment filing dates are within 60 days after the mailing date printed on the supplemental notice or tax bill, or the postmark date of the notice or tax bill, whichever is later. Check the *Supplemental Assessment* box for:

- Change in ownership and new construction appeals filed **within** 60 days of the mailing date printed on the supplemental assessment notice or supplemental tax bill, or the postmark date of the notice or tax bill, whichever is later.

Roll Change and Escape Assessment filing dates are within 60 days after the mailing date printed on the assessment notice, or the postmark date of the notice, whichever is later. Check the *Roll Change/Escape Assessment/Calamity Reassessment* box for:

- Roll corrections
- Escape assessments, including those discovered upon audit

Calamity Reassessment filing dates are within six months after the mailing of the assessment notice. Check the *Roll Change/Escape Assessment/Calamity Reassessment* box for:

- Property damaged by misfortune or calamity

For *Supplemental Assessment* and *Roll Change/Escape Assessment/Calamity Reassessment* appeals, indicate the roll year and provide the date of the notice or tax bill. Typically, the roll year is the fiscal year that begins on July 1 of the year in which you file your appeal. Attach one (1) copy of the supplemental or escape assessment notice or tax bill.

- Box 6.** Please mark the item or items describing your reason(s) for filing this application. If you prefer, you may attach two copies of a brief explanation. You are not required to provide evidence with this application. If you selected DECLINE IN VALUE, be advised that the application will only be effective for the one year appealed. Subsequent years will normally require additional filings. In general, *base year* is either the year your real property changed ownership or the year of completion of new construction on your property; *base year value* is the value established at that time. The base year value may be appealed during the regular filing period for the year it was placed on the roll or during the regular filing period in the subsequent three years. CALAMITY REASSESSMENT includes damage due to unforeseen occurrences such as fire, earthquake, and flood, and does not include damages that occur gradually due to ordinary natural forces. A penalty assessed by the tax collector for nonpayment of taxes cannot be removed by the appeals board. Indicate whether you are appealing an item, category, or class of property or a portion thereof. If you are appealing only an item, category, or class of property, please attach a separate sheet identifying what property will be the subject of this appeal. APPEAL AFTER AN AUDIT **must** include a complete description of each property being appealed, and the reason for the appeal. Contact the clerk to determine what documents must be submitted. If you do not submit the required information timely, it will result in the denial of your application.
- Box 7.** Written findings of facts are explanations of the appeals board's decision and will be necessary if you intend to seek judicial review of an adverse appeals board decision. Findings may be requested in writing at any time prior to the commencement of the hearing. Requests for a tape recording or transcript **must** be made no later than 60 days after the final determination by the appeals board. You may contact the clerk to determine the fee for these items; do not send payment with your application.
- Box 8.** Indicate whether you want to designate this application as a claim for refund. If action in superior court is anticipated, designating this application as a claim for refund may affect the time period in which you can file suit. NOTE: If for any reason you decide to withdraw this application, that action will also constitute withdrawal of your claim for refund.

If the assessed value of the property exceeds \$100,000, the assessor may initiate an "exchange of information" (Revenue and Taxation Code section 1606). You may also request an "exchange of information" between yourself and the assessor regardless of the assessed value of the property. Such a request may be filed with this application or may be filed any time prior to 30 days before the commencement of the hearing on this application. The request **must** contain the basis of your opinion of value. Please include comparable sales, cost, and income data where appropriate to support the value. In some counties, a list of property transfers may be inspected at the assessor's office for a fee not to exceed \$10. The list contains transfers that have occurred within the county over the last two years.

Original signatures are required for each application. Check the box that best describes your status as the person filing this application.